

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050974

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

13088

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300-
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
MEDICAL CERTIFICATIONUSE BLACK INK
OR
TYPEWRITER RIBBON

FILED JAN 16 1964

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION **Homer G. Phillips Hosp.**

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTYc. CITY
OR
TOWN **St. Louis**Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS **3356 Vernon Ave.,**Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
WILLIEMiddle
MAELast
BELL4. DATE
OF
DEATHMonth
Dec.Day
30,Year
1963

5. SEX

Female

6. COLOR OR RACE

Negro7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-10-25

9. AGE (last birthday)

38

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

most of working life, even if retired)

Maid

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Mississippi

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Hall

13b. MOTHER'S MAIDEN NAME

Lillie Reed

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Theresa Bell

Address

5356 Vernon Ave.,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral HemorrhageINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

33/XPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☒ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____

and last saw her
him alive on _____

Death occurred at _____

10:55 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Paul J. Simon(Type or title)
Registrar

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

12/31/6323a. BURIAL, CREMATION,
REMOVAL (Specify)**Removal**

23b. DATE

1-6-64

23c. NAME OF CEMETERY OR CREMATORY

Father Dickson Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.,

24. FUNERAL DIRECTOR

ADDRESS

G. Wade Granberry 4202 Finney Ave.

25. DATE RECD. BY LOCAL REG.

JAN 2 1964

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward A. Finney

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.